



Date

School

Address

City, State, Zip

Dear M_____

This letter of agreement is to document our shared understanding about the scope, roles, and activities of [school] in implementing the INSight Youth Corps (IYC) at your school

1. The vision of the IYC is to develop a statewide network of high school / middle school students trained as mentors and leaders to promote, model, and teach healthy behaviors in their schools and communities. The IYC prepares and empowers high school students to provide health education within their school system, as well as design and carry out creative health-related individual and community-based projects. The IYC is designed to provide experience-based learning, enhance personal and academic achievement and build leadership skills among its members. The IYC prepares students for future success and commitment to lifelong healthy lifestyles and health advocacy.
2. The sponsors of this project are the Indiana State Department of Health (ISDH) and INShape Indiana, Governor Daniels' statewide health initiative that assists Hoosiers in making healthy choices. The ISDH will provide services in a partnership, community-based context with local schools to establish and support IYC programs around the state.
3. *The INSight Youth Corps Advisor Toolkit* articulates additional information about our respective commitments, activities, and roles, and is considered part of this letter of agreement.

During the 2007-08 academic year, ISDH will:

1. Provide on-line orientation and training to the advisor responsible for overseeing the IYC program at [school]
2. Provide materials and training for IYC student participants. Training is designed to equip students with skills and knowledge needed to effectively implement IYC projects.

3. Provide ongoing telephone and e-mail technical assistance and resource consultation for the advisor and IYC student participants in implementing IYC projects at [school].
4. Facilitate students and / or advisor on-line submission of project approval and project description forms.

During the academic year 2007-08, [school] will:

1. Provide administrative support and ancillary services needed for the successful conduct of this project, such as security, janitorial, facilities, clerical, and student supervision services needed for IYC student participants to successfully complete the educational interventions envisioned by this project.
2. Appoint an appropriately qualified faculty advisor, who will be the chief liaison with ISDH staff on all project activities.
3. Each INSight Youth Corps must complete one at least one peer education session and at least one creative health project during the academic year.
4. Submit project approval and project description forms on-line.

By acknowledging our agreement to these terms, we also acknowledge our mutual commitment to communicate with each other frequently and solve problems collaboratively, in a team approach to this project. This project links service learning, leadership, teamwork, and health education into a learning opportunity for [school] students. We are mutually committed to ensuring that students have a successful, productive experience as part of this project.

IYC Advisor

Date

Please send completed form by mail, fax, or email to:

Katherine Newland
2 N. Meridian St. Section 5M
Indianapolis, Indiana 46204
knewland@isdh.in.gov
Fax 317-233-7833